

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(916) 445-1161



January 21,

TO: All County Welfare Directors

CMSP Letter

CMSP ELIGIBILITY MANUAL REVISION

Enclosed please find two (2) copies of revisions to the County Medical Services Program (CMSP) Eligibility Manual. Please reproduce sufficient copies of this revision and place them in existing copies of the CMSP Eligibility Manual as appropriate. The most recent CMSP letter containing a manual revision was 85-5 (June 26, 1985).

The Current Revision Contains:

Section 0747 - Adds a new section which details a CMSP policy change regarding the issuance of duplicate CMSP cards to hospital providers.

Remove Page(s)

139
142-143

Insert New Page(s)

139
142-143
143.1-143.2

NEW CMSP POLICY

The county shall implement the following CMSP policy immediately upon receipt of this letter.

Effective with July 1985 dates of service, the County Medical Services Program (CMSP) requires the contract counties to provide Proof of Eligibility (POE), in the form of a duplicate CMSP Card for an eligible CMSP beneficiary, to requesting hospital providers in accordance with this letter and the CMSP Eligibility Manual, Section 0747. Currently, if the beneficiary ID number on a CMSP claim fails to match the eligibility file, the claims payment system will only accept a copy of the CMSP card as POE. Therefore, counties shall provide a duplicate CMSP card for the appropriate month(s) of service/eligibility (July 1985 and thereafter to a maximum of twelve months retroactively) to requesting hospital providers who have rendered care to a CMSP beneficiary, if the following two conditions are met:

1. The hospital unsuccessfully attempted to obtain POE from the beneficiary at the time services were provided; and
2. The hospital made a subsequent attempt to obtain POE (copy of the CMSP card) from the beneficiary.

Enclosed is a copy of the proposed hospital provider bulletin for your information. Please note Figure 1 in the provider bulletin, which is a sample of the authorization letter your county must submit to the hospital provider when the dates of service are 10-12 months retroactive from the date you are processing the request.

If you or your staff have questions regarding this process, please contact Linda McFarland of the CMSP Unit at (916) 324-4203.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bacilio Garcia".

Bacilio Garcia, Chief
County Medical Services Program
County Health Services Branch

Enclosures

LMF:lr

CHSB-3111
12/85

Article 12. CMSP Card Use and Issuance

- 0731 CMSP Card Use
- 0733 CMSP Card -- Authorization for Services
- 0735 Locations at Which CMSP Care May Be Used
- 0737 Format of CMSP Card
- 0741 CMSP Card Issuance by the Department
- Limitations on Eligibility Reports and Card Issuance Requests
 - Submitted by the County Department
- 0743 CMSP Card Issuance by the County Department -- No Share of Cost
- 0745 CMSP Card Issuance by the County Department -- Share of Cost
- 0746 Limitation on CMSP Card Issuance
- 0747 Issuance of a Duplicate CMSP Card to Hospital Providers
- 0749 Control of County Issued CMSP Cards
- Report of Eligibles

0743. CMSP Card Issuance by the County Department -- No Share of Cost.

The county department may issue current or past month CMSP cards, as limited by Section 0746, to all CMSP eligible residents who meet all of the following conditions:

Do not have a share of cost

Did not receive a CMSP card

0745. CMSP Card Issuance by the County Department -- Share of Cost.

(a) The county department shall issue current month CMSP cards to persons with a share of cost met by use of form CMSP 177S if the person who requests the card indicates a need for medical services prior to normal anticipated receipt of a department issued CMSP card. In this case the county department shall process form CMSP 177S in accordance with Section 0658.

(b) The county department may issue current or past month CMSP cards, as limited by Section 0746, to persons with a share of cost if certification by the county department or Data Systems Branch has occurred.

0746 Limitation on CMSP Card Issuance

The county department shall not provide a CMSP card or request that a CMSP card be issued by the Department to any CMSP beneficiary more than one year subsequent to the month of service, unless a court action requires that a CMSP card be issued.

0747. Issuance of a Duplicate CMSP Card to Hospital Providers

(a) The county department shall provide a duplicate CMSP card for the appropriate month(s) of service/eligibility (July 1985 and forward to a maximum of twelve (12) months retroactive) to requesting hospitals (as defined in Section 51207, Title 22, CAC) which have rendered care to a CMSP beneficiary if the following two conditions are met:

(1) The hospital unsuccessfully attempted to obtain Proof of Eligibility (POE) from the beneficiary at the time services were provided; and

(2) The hospital made a subsequent attempt to obtain POE (copy of the CMSP card) from the beneficiary.

(b) A hospital under this directive refers to a general acute care hospital, as defined in Section 70003, Title 22, CAC. No other providers are entitled to request or receive CMSP POE cards. For example, a physician who works for a hospital, but bills separately for his/her services may not request or receive a duplicate CMSP card.

(c) The hospital providers are required to include the following information in their request to the county: recipient name, recipient ID number, social security number, sex, date of birth, address, month(s) of service for which POE is needed and the total amount of the claim being submitted for payment.

(d) Each listing or group of listings of beneficiaries from the hospital shall be submitted with a cover letter on hospital letterhead, signed by an official authorized to act on behalf of the hospital, and shall include a certification by the hospital that POE was not received at the time services were rendered, nor on one subsequent attempt to acquire POE.

(e) The billing agent for a hospital may submit requests for duplicate CMSP cards provided that:

(1) Each request is accompanied by a letter on hospital letterhead, signed by an official authorized to act on behalf of the hospital, and the hospital official certifies that the billing agent is empowered to act on behalf of the hospital; and

(2) The request contains a certification that POE was not received at the time services were rendered, nor on one subsequent attempt to acquire POE.

CMSP ELIGIBILITY MANUAL

(f) Upon issuance of a duplicate CMSP card, the county will note on the request the date the card was issued, make a copy of the request and submit the copy to the Department of Health Services, County Health Services Branch, County Medical Services Program Unit, 714 P Street, Room 523, Sacramento, CA 95814, for monitoring.

(g) If the beneficiary was not eligible in your county on the identified date(s) of service, the provider's request may be denied by the county and returned to the hospital.

(h) The county should process provider requests chronologically, working the oldest first, and shall limit retroactive card issuance to twelve (12) months.

(i) If a CMSP card is requested for a beneficiary whose eligibility was established subsequent to the date of service, a separate note should be sent to the provider, indicating that the case involves retroactively determined eligibility and identifying the date eligibility was established. This notation will assist the provider in the processing of Treatment Authorization Requests (TARs) when needed.

(j) If the date of service is ten (10) to twelve (12) months retroactive from the date the county is processing the request for a replacement card, the following procedures apply:

(1) Issue the hospital provider a duplicate CMSP card for each month of service in which the beneficiary was eligible.

(2) Issue a letter to the provider for each month of service to authorize a billing which may occur sixty (60) days beyond the one-year limitation period.

(k) Note that duplicate CMSP cards can be requested through Medical Eligibility Data System (MEDS) only if the date of service is within the MEDS Eligibility History file.

0749. Control of County Issued CMSP Cards.

(a) The county department shall record every CMSP card issued or voided by the county department on the control log for MC 301, form HAS 2007.

(b) The county department may, with department approval, use a substitute for form HAS 2007.

0751. Report of Eligible Beneficiaries.

(a) The Department shall compile a monthly report of all persons eligible for CMSP. This report of eligible beneficiaries shall include all persons:

(1) Certified for CMSP by the county department and reported to the Department for issuance of CMSP cards.

(2) Certified for CMSP and issued CMSP cards by the county department.

(3) With a share of cost. These persons are reported as eligible but not certified for CMSP.

(4) Certified for CMSP and issued CMSP cards by Benefits Review Unit.

(b) The county department shall report the information specified in (a) (1), (2) and (3) in a timely manner in accordance with department procedures.

CMSP PROOF OF ELIGIBILITY DOCUMENTATION FOR HOSPITALS

Under the County Medical Services Program (CMSP), hospitals may now request CMSP Proof of Eligibility (POE) from County Welfare Departments when attempts to obtain POE from CMSP beneficiaries are unsuccessful (W&I Code Section 14018.4). This bulletin discusses the requirements and procedures for requesting POE under this new CMSP policy, which is effective with July 1985 dates of service and forward to a maximum of 12 months retroactive.

Please note that this new CMSP policy does not eliminate or replace W&I Code Section 14018.2 which allows CMSP billings to be submitted without proof of eligibility labels.

Requirements and Definitions

Hospital requests for POE must be made to the CMSP county in which the beneficiary resided at the time of service. Hospitals are required to submit lists of CMSP cases to the County Welfare Departments. Lists should include the following:

- Recipient Name
- Recipient ID Number (for month(s) of service)
- Social Security Number
- Date of Birth
- Address (current and at time of service, if known to be different)
- Month(s) of Service for which POE is requested
- Total Amount of Claim to be submitted

Absence of any of the above items may prevent verification of eligibility. Each listing must be on hospital letterhead and contain a certification by an **authorized hospital representative** that all provisions of W&I Code Section 14018.4 have been met. If the hospital uses a billing agent, the billing agent may submit requests for labels. Each request must be accompanied by a letter on hospital letterhead that certifies that the billing agent is empowered to act for the hospital. The request must also certify that all provisions of W&I Code Section 14018.4 have been met. The CMSP counties have been informed of the requirements of this policy and will provide POE as quickly as possible.

For purposes of this policy, hospitals are defined as those facilities that meet the requirements of Section 70003, Title 22, California Administrative Code. Hospital providers are reminded that CMSP claims are paid at Medi-Cal fee-for-service rates. Therefore, a contracting hospital which provides services to a CMSP beneficiary must use the correct fee-for-service provider number for the date of admission.

Submitting Claims

Hospitals must submit claims within two months (60 days) of receipt of POE. Follow these instructions to submit claims:

- A1 claims must be on **original forms**; no photocopies are acceptable

Attach all documentation required to process the claims, e.g., sterilization consent forms, operative reports, reports for "By Report" procedures, emergency certification.

Submitting Claims (cont'd)

Do not complete a Claims Inquiry Form (CIF) even if the claim has been previously submitted and denied.

Both inpatient and outpatient claims may be accepted. Long Term Care is not a CMSP benefit; therefore, LTC claims for skilled nursing will not be accepted. **No other type of claims** are acceptable under this policy, e.g., pharmacy or professional/supplier.

All claims will be subjected to the normal claims processing requirements.

Submit all CMSP claims with replacement POE to CSC (if services were provided **July 1, 1985 or after**) and follow these instructions:

Attach the replacement CMSP POE to an original claim along with any required County Welfare Department authorization letters, described in Figure 1 of this bulletin. A county authorization letter will not be supplied for POE requests received more than twelve (12) months after the date of service.

Code with a "1" in the Billing Limit box and state the month, day and year when proof of eligibility was received in the Remarks section of the claim, e.g., "Proof of Eligibility received on January 1, 1986."

Ensure that prior authorizataion obligations have been met, where applicable, according to Section 51003, Title 22 of the California Administrative Code.

Providers are reminded that all CMSP claims are to be submitted to CSC and not to Redwood Health Foundation or to the Fresno-Madera Project.

(Sample CMSP County Authorization Letter to Hospitals)

Figure 1

INPATIENT/OUTPATIENT BULLETIN NO.

February 1986

Dear _____

Attached is a replacement POE only County Medical Services Program (CMSP) card for **(recipient's name)** for the month(s) of _____. This POE was issued in accordance with Section 0747 of the CMSP Eligibility Manual, which authorizes County Welfare Departments to issue CMSP cards within one year after the month of service.

To ensure that these claims will be processed, mark the Attachment box on the claim with an "X" and indicate the date proof of eligibility was received in the "Remarks" section of the claim.

A copy of this letter, along with the patient's replacement CMSP POE, must be attached to your completed claim form for the month of service. The completed claim form must then be submitted to CSC no later than sixty (60) days after receipt of the replacement CMSP POE.

Should you have any questions regarding this matter, please contact the county welfare department at _____

Sincerely,

CMSP Program Manager

LMF: 1
CHSB 3143
12/8